NJ GEAR UP State Project
REQUEST FOR PROFESSIONAL DEVELOPMENT
ACADEMIC YEAR 2005-2006

Date: _____/_____/_____
Name of Principal: _____
Name of School: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Name of Secondary Contact Person: _____
Title: _____ Phone: _____
Email: _____

Any teacher at your school interested in attending a training session can participate regardless of the grade level they teach or their involvement in the NJ GEAR UP program. We encourage __all__ teachers to participate.

RESPONSIBILITIES

GEAR UP:
- Identifies presenter and makes arrangements for on-site or district training based on the school's choice of topics
- Covers the cost for training
- Provides professional development hours to participants (provider # 4706)

School:
- Provides a room for the session
- Provides food <u>if desired</u> for participants
- Identifies time slot when training will occur (e.g., in-service day, 2-hour after-school or during-school sessions)
- Provides equipment (e.g., overhead projector, TV/VCR, LCD projector if available)
- Ensures that at least __ten__ teachers attend __each__ training event scheduled at the school

TRAINING NEEDS

Training Topics for Teachers: Please select and rank your top 3 training choices.
_____ Applying core curriculum content standards in the classroom
_____ Curriculum development (please describe below)
_____ GEPA Preparation
_____ Innovative strategies in teaching Science/Math/Technology (i.e., prealgebra for 7th graders, Chemistry for 11th graders)
_____ HSPA Preparation
_____ PSAT/SAT Preparation
_____ Literacy and Language Arts
_____ Cooperative Learning

_____ Learning Styles/Effective Teaching Strategies
_____ Other: _____

Please provide a description of the audience and their training needs (e.g., number of teachers participating, grade levels participating, experience level of teachers on this topic)

_____
_____
_____
_____
_____
_____
_____

TRAINING SCHEDULE

What type of training session do you want us to provide:
  In-service, half-day session
  In-service, full-day session
  2-hour sessions after school
  During school hours
  Other: _____

For training during in-service days, please provide 2005-2006 in-service dates when you wish us to schedule your professional development sessions. Indicate if any dates are district-wide.

1) Date(s): _____ Time(s): _____ district-wide
2) Date(s): _____ Time(s): _____ district-wide
3) Date(s): _____ Time(s): _____ district-wide
4) Date(s): _____ Time(s): _____ district-wide

For training during or after school, please provide several dates and times during AY 2005-2006 when you wish us to schedule your professional development sessions.

1) Date(s): _____ Time(s): _____
2) Date(s): _____ Time(s): _____
3) Date(s): _____ Time(s): _____
4) Date(s): _____ Time(s): _____

How often do you want us to provide training?
  Once a year
  Twice a year; once in the fall, once in the spring
  Other: _____

Please e-mail, mail or fax this request no later than October 31, 2005 to:

Kilpatry Cuesta, State Coordinator, NJ GEAR UP State Project
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